

Name
in
Full

Lillie M. Bowie.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pisgah Town Charles County MARYLAND
Date of death 1980 Month Mich Day 24 Age 2 Years 8 Months — Days —
Sex Female Color or Race White Birth-place Ches Co. Md.
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —

Father's Name Albert W. Bowie Father's Birthplace Ches. Co. Md.
Mother's Maiden Name Viola H. Welch Mother's Birthplace St. Mary's Co. Md
Name of person giving Information Albert Bowie How related to deceased Father

CAUSES OF DEATH

Primary Diphtheria How long 2 days
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. C. Ricknell

Address

Pisgah Md.

Accident or Suicide —

PHYSICIAN
OR CORONER

H



Name
in
Full

Lewis Butler

CERTIFICATE OF DEATH

Died at Benedict Town Charles County MARYLAND

Date of death 1940 Month 3 Day 24 Age 42 Years Months — Days —

Sex male Color or Race Black Birth-place Chas co Md

Occupation Laborer Where Residing if not at place of death near Benedict

Married, Single or Widowed Single Name of Wife or Husband Mary Lora

Father's Name don't know Father's Birthplace don't know

Mother's Maiden Name Lora Mother's Birthplace Md

Name of person giving Information J Wesley Mitchell How related to deceased none

CAUSES OF DEATH

Primary Dropsey How long 1 year

Immediate heart failure How long 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

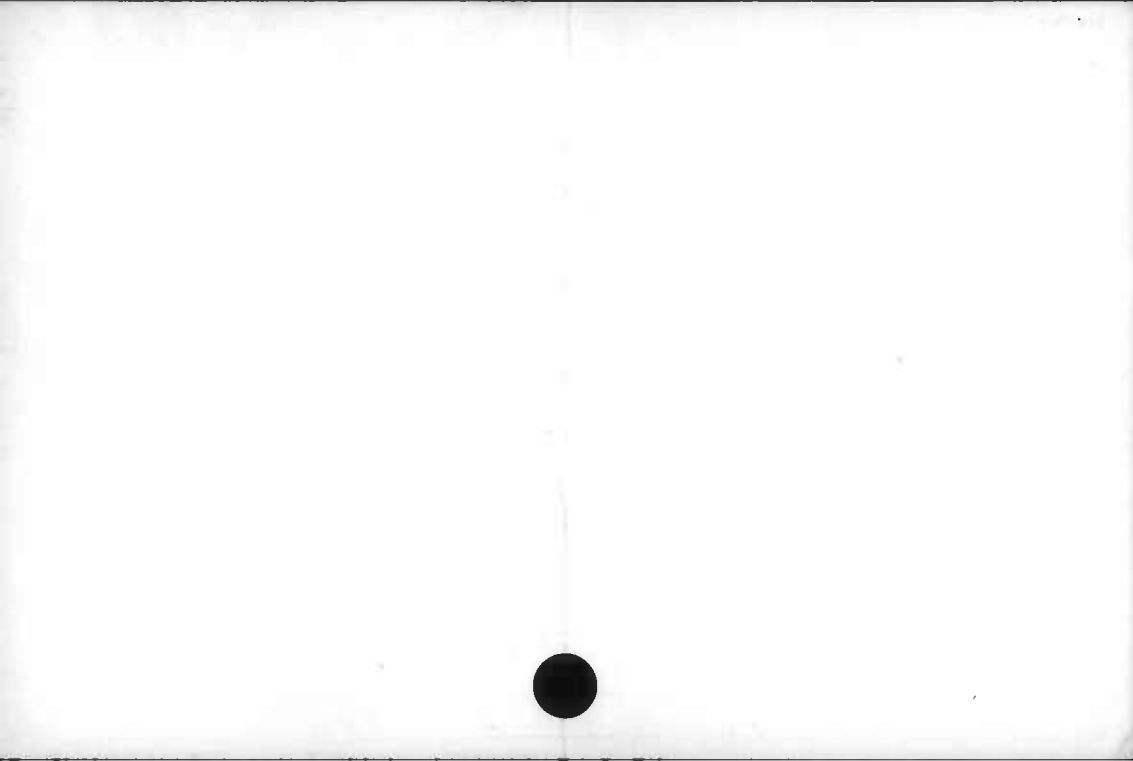
Address

Lyott A Chappelen
Dushesville
Ma

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emilie Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death 19 <i>60</i>		Month <i>Mar</i>		Day <i>13</i>		Age <i>42</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Charles Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bozelle Thomas Clark</i>					
Father's Name <i>Madison Butler</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Eveline Tripp</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving Information <i>Bozelle Thomas Clark</i>		How related to deceased <i>Husband</i>					

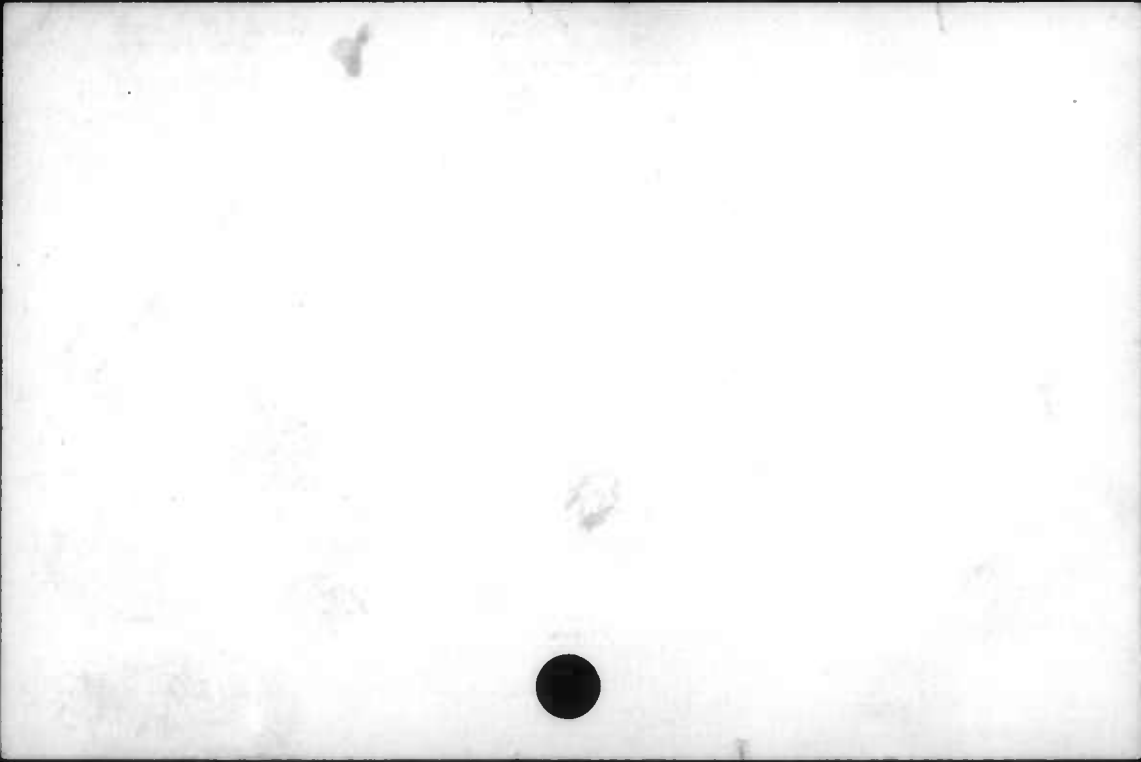
CAUSES OF DEATH

40

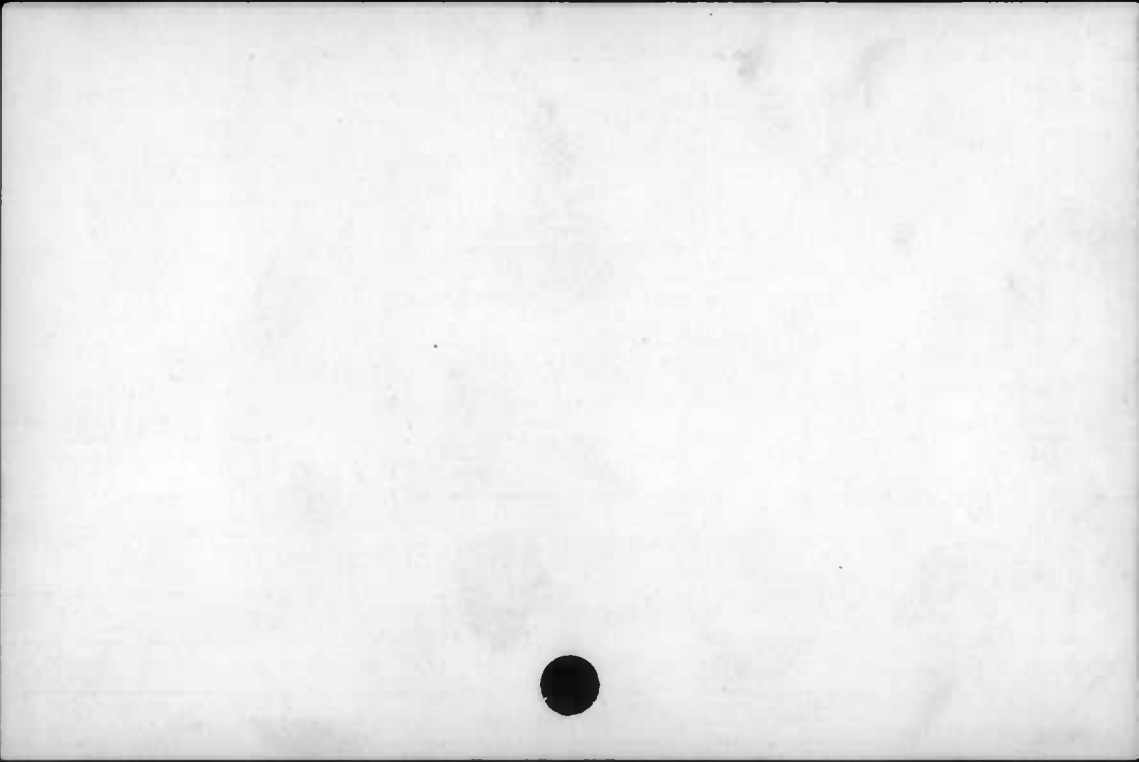
2

Primary	<i>Gestive Cancer</i>	How long	<i>18 months</i>
Immediate	<i>Incurable</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. [unclear]</i>	
		Address <i>Bel Air Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full		John Thomas Day				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Fauvernes		Charles					
		Date of death	1940	Month	Mar.	Day	30	Age	50
				Months			Days		
		Sex	Male		Color or Race	Colored		Birth-place	Mo.
		Occupation	Farmer		Where Residing if not at place of death		Fauvernes		
		Married, Single or Widowed	Married		Name of Wife or Husband		Modesty Day		
Father's Name		Edward Day				Father's Birthplace		Mo.	
Mother's Maiden Name		Unobtainable				Mother's Birthplace		Mo.	
Name of person giving information		John Day				How related to deceased		son	
		CAUSES OF DEATH				187 ✓			
PHYSICIAN OR CORONER		Primary		General Dropsy		How long		one yr.	
		Immediate		Heart Failure		How long		1/2-3 hr.	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. E. Jamison,	
				Address		New York			
								Mo.	
Accident or Suicide?									



Name
in
Full

Charles T Drinks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Popps Creek* Town *Charles* County
 Date of death *196* Month *Mar.* Day *20* Age *59* Years Months Days
 Sex *Male* Color or Race *Caucasian* Birth-place *Germany*
 Occupation *Fisherman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Catharine Drinks*
 Father's Name *Fred Drinks* Father's Birthplace *Germany*
 Mother's Maiden Name *Don't know* Mother's Birthplace
 Name of person giving Information *Catharine Drinks* How related to deceased *Wife*

CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage* How long
 Immediate *Coma* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. Spencer*
 Address *Bel Air Ind*
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Franklin Town Charles County MARYLAND
 Date of death 1900 Month March Day 20 Age 4 Years 4 Months 4 Days 4
 Sex Male Color or Race Black Birth-place Ind
 Occupation — Where Residing if not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name John T. Franklin Father's Birthplace Ind
 Mother's Maiden Name Sarah Blakes Mother's Birthplace Ind
 Name of person giving Information John T. Franklin How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long ✓
 Immediate — How long —
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician James M. Wheeler
 Address Sub-Registrar
 Accident or Suicide —



Name
in
Full

Mrs Lennie Gardiner

CERTIFICATE OF DEATH

Town

County

Died at *Laurel - Tenn*

Cherokee

MARYLAND

Date of death 19*40* *March*

Day

1

Years

Age

74

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex *Female*

Color or Race

White

Birth-place

Maryland

Occupation

Housewife

Where Residing if not at place of death

at home

Married, Single or Widowed

Widow

Name of Wife or Husband

Llewellyn Gardiner

Father's Name

Henry L. Mudd

Father's Birthplace

Tenn

Mother's Maiden Name

Unknown

Mother's Birthplace

Name of person giving Information

L. S. Mudd

How related to deceased

Daughter

CAUSES OF DEATH

10

Primary

La Grippe

How long

4 days

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. O. Mudd

Address

Waldorf Md

Accident or Suicide

No

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Not Married *Hawkins*
Chil
Town County

MARYLAND

Date

of death

1940 *March*

Day *20*

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joe Hawkins

Father's
Birthplace

Ind

Mother's
Maiden Name

Alice Key

Mother's
Birthplace

Ind

Name of person giving
Information

Joe Hawkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

8

Immediate

Premature Birth

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John P. Marshall

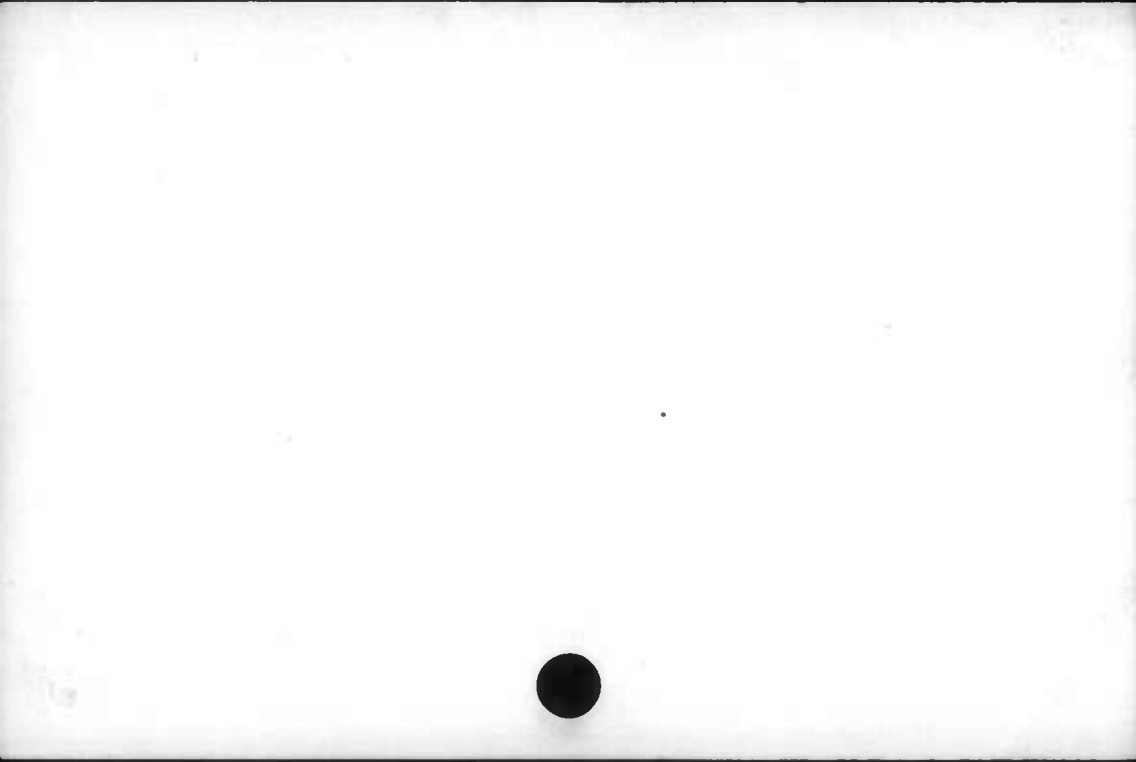
Address

*Sub Reg
Chas Co Ind*

Accident or Suicida

No

PHYSICIAN
OR CORONER



Name
in
Full

Susan Irene Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Bol Calum CharlesDate of death 190 Mar 2 Age 34 Months DaysSex Female Color or Race Caucasian Birth-place Charles CrOccupation None Where Residing if not at place of death —Married, Single or Widowed Widow Name of H or Husband Joe H. JohnsonFather's Name James R. Carlin Father's Birthplace FrederickMother's Maiden Name Sarah E. Edelen Mother's Birthplace Charles CrName of person giving information Ella E. Lanson How related to deceased 1/2 Sister

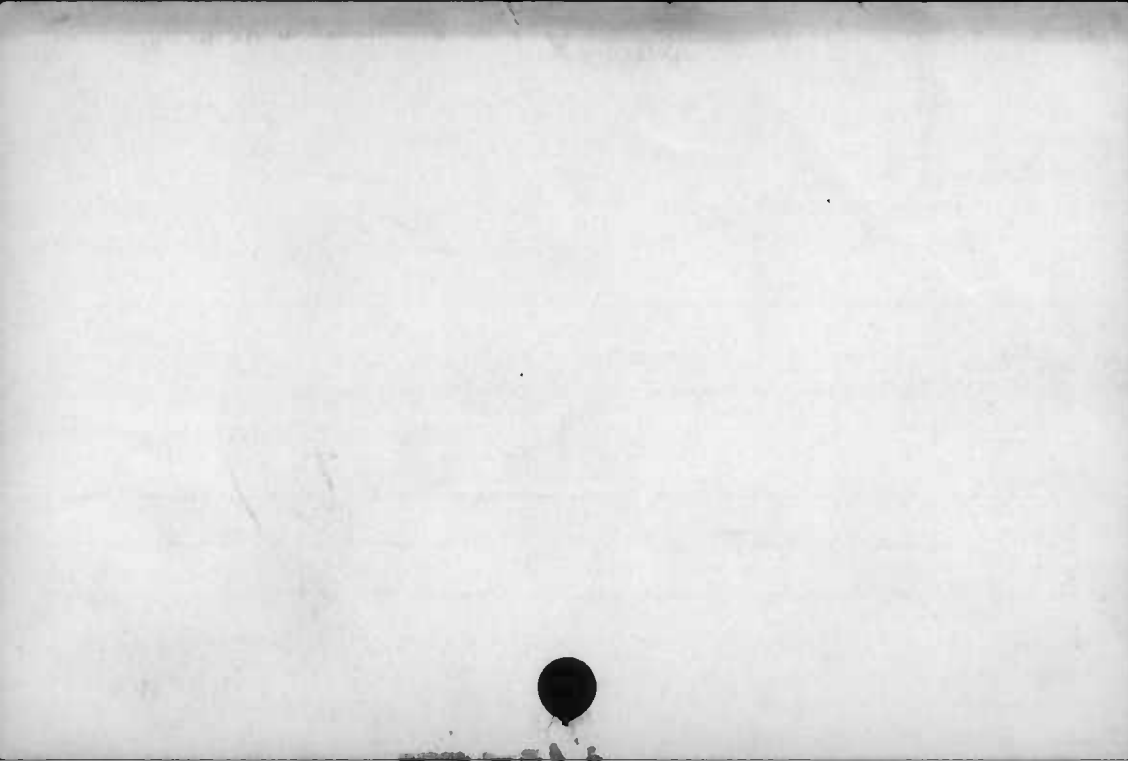
CAUSES OF DEATH

79

Primary Myocardial Infarction + Regurgitation How long 6 yearsImmediate Myocardial Infarction How long 3 monthsAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician E. J. ...Address Bol CalumInd

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death

1900 June

Day

16

Age

Years

1

Months

6

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Miss

Occupation

Where Residing if not
at place of death

At Place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur Key

Father's
Birthplace

Miss

Mother's
Maiden Name

Hettie Hurron

Mother's
Birthplace

Miss

Name of person giving
Information

Hettie Hurron

How related
to deceased

Mother

CAUSES OF DEATH

Primary

One month

How long

One month

Immediate

Hypertension

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. J. Marshall
Honeykey
Miss

Accident or Suicida

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

George King
Mt Laurel

County

MARYLAND

Died at

Date

of death

1900

Month

Feb

Day

12

Age

Years

Whorles

Months

5

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of W.ife or
Husband

—

Father's
Name

William King

Father's
Birthplace

Ind

Mother's
Maiden Name

Eva King

Mother's
Birthplace

Ind

Name of person giving
Information

William King

How related
to deceased

Son

CAUSES OF DEATH

Primary

La Grippe

How long

5 days

Immediate

Pneumonia

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. O. H. H. H.

Address

Walton Ind.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry Robinson
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Bryantown**Charles*

Date

of death *1900*

Month

3

Day

12

Years

Age *64*

Months

Days

Sex

*Male*Color or
Race*Black*Birth-
place*Virginia*

Occupation

*Farmer*Where Residing if not
at place of death*Bryantown Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Ellen Robinson*Father's
Name*do not know*Father's
Birthplace*Muscow*Mother's
Maiden Name*do not know*Mother's
BirthplaceName of person giving
In formation*Wm G. Chase*How related
to deceased*none*

CAUSES OF DEATH

Primary

Consumption

How long

6 mo.

Immediate

Exhaustion

How long

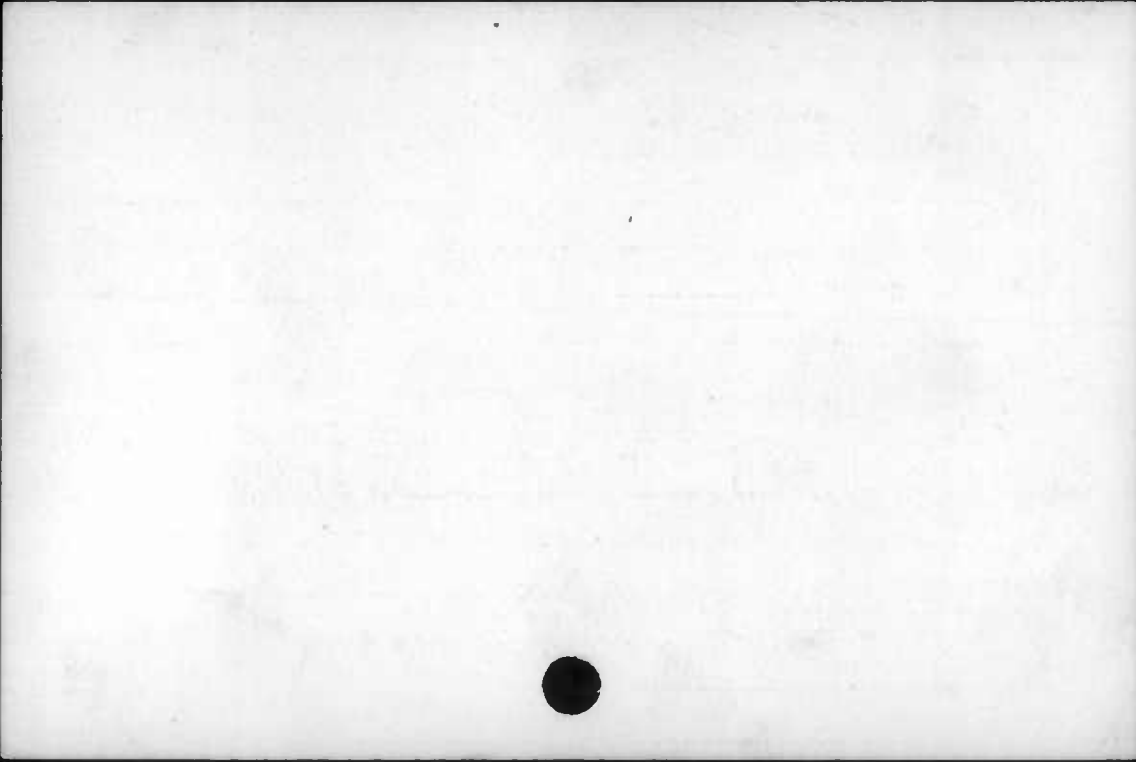
*→*Are the name, age, sex, color, date
and place correctly given above?*js*Signature of
Physician*St. C. Hoppell*

Address

Highville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Riss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

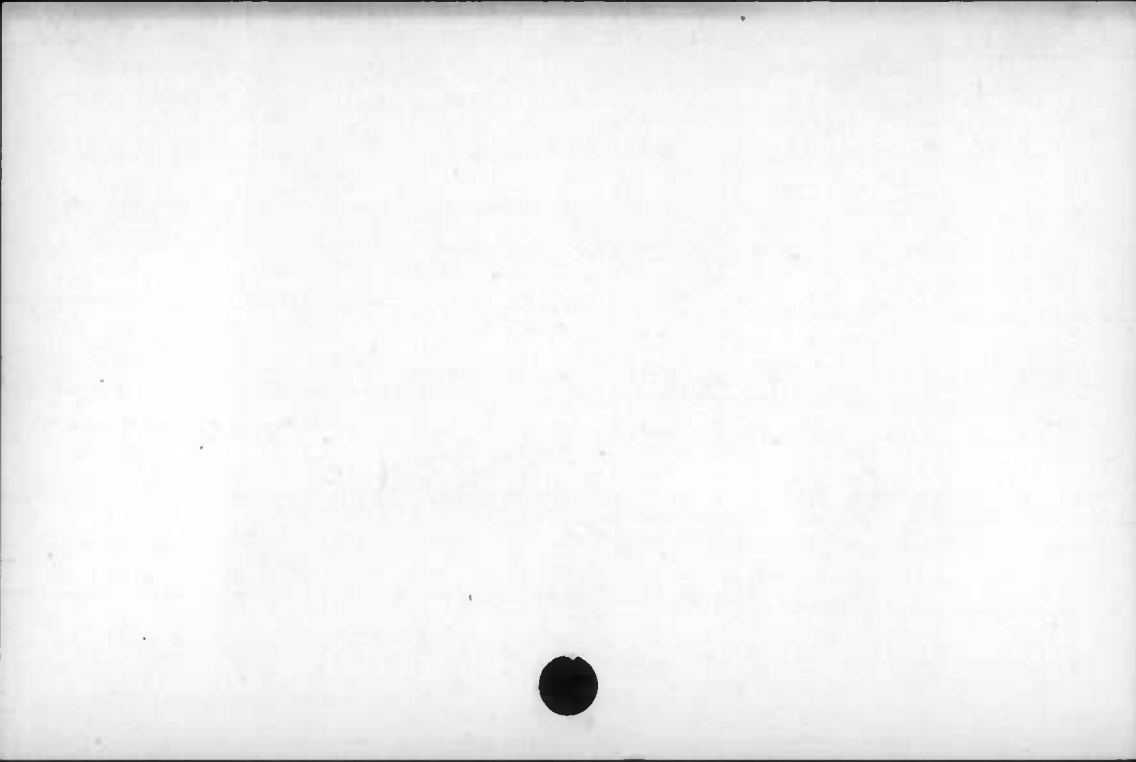
MARYLAND

Died at <i>Transfemoy</i> Town		<i>Charles</i> County				
Date of death <i>1900</i>	<i>March</i> Month	<i>25</i> Day	Age	Years	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>William H. Riss</i>		Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Florence P. Dent</i>		Mother's Birthplace				
Name of person giving information <i>W. H. Riss</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Whelan</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>(</i>	



Name
in
Full

Eli Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Bolton C.D.</i>		^{County} <i>Charles</i>		MARYLAND	
Date of death	19 <i>40</i>	Month	<i>3</i>	Day	<i>27</i>
Age		<i>—</i>		Months	<i>9</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Md</i>
Occupation		<i>—</i>			
Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed		<i>—</i>			
Name of Wife or Husband		<i>—</i>			
Father's Name		<i>Gusty Washington</i>		Father's Birthplace	<i>Md</i>
Mother's Maiden Name		<i>Elta Goldring</i>		Mother's Birthplace	<i>Md</i>
Name of person giving Information		<i>Lin Washington</i>		How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

Primary	<i>Croup</i>	How long	<i>Six months</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

None in attendance
Thos M Winkerson
Waldorf Md



Name
in
Full

Alfred Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

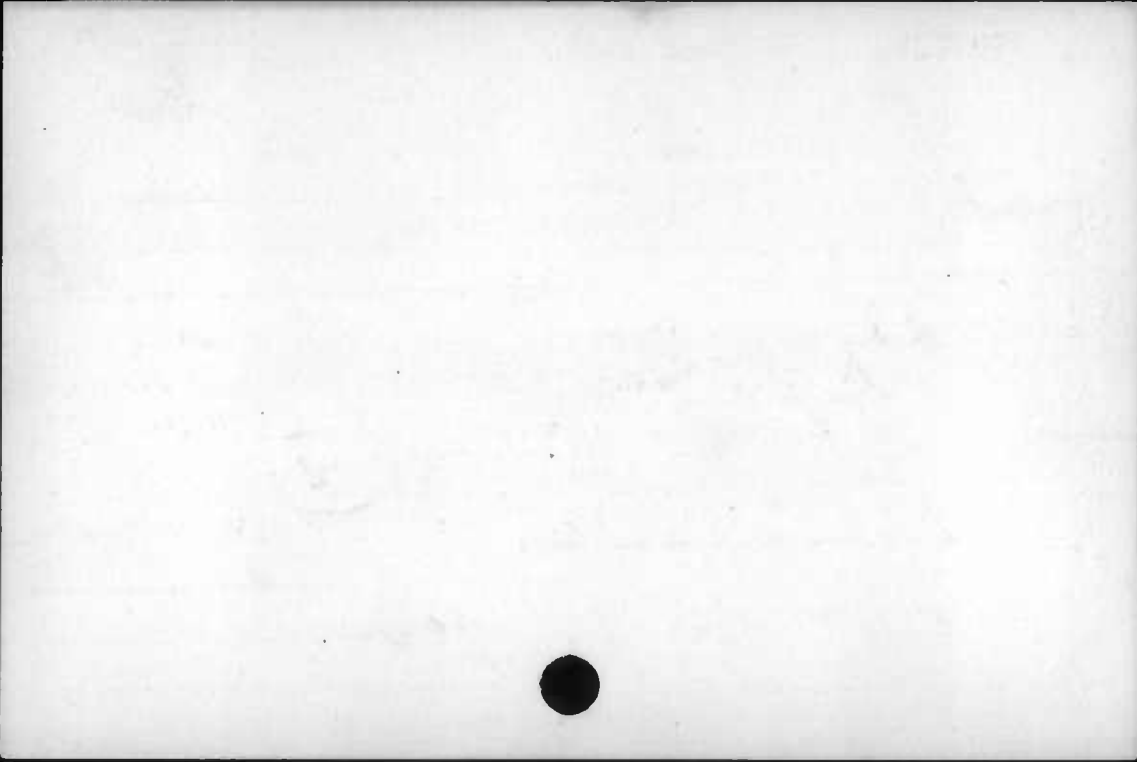
Died at <i>Cross Roads</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1941</i>	<i>March</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <small>Years</small>	<i>4</i> <small>Months</small>	<small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Elic Waters</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>James Smith</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Elic Waters</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5-10 6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full <i>Mary E. Weeks</i>		Town <i>Cross Roads</i>		County <i>Chas.</i>		MAYLAND	
Died at <i>Cross Roads</i>		Month <i>March</i>		Day <i>31</i>		Years <i>29</i>	
Date of death <i>1910 March 31</i>		Age <i>29</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Resided at Alex Va</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Taylor Weeks</i>					
Father's Name <i>Edward Bowie</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Bettie Posey</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Mrs Bettie Bowie</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 to 2 years

Immediate

How long

within 4 months

Are the name, age, sex, color, date and place correctly given above?

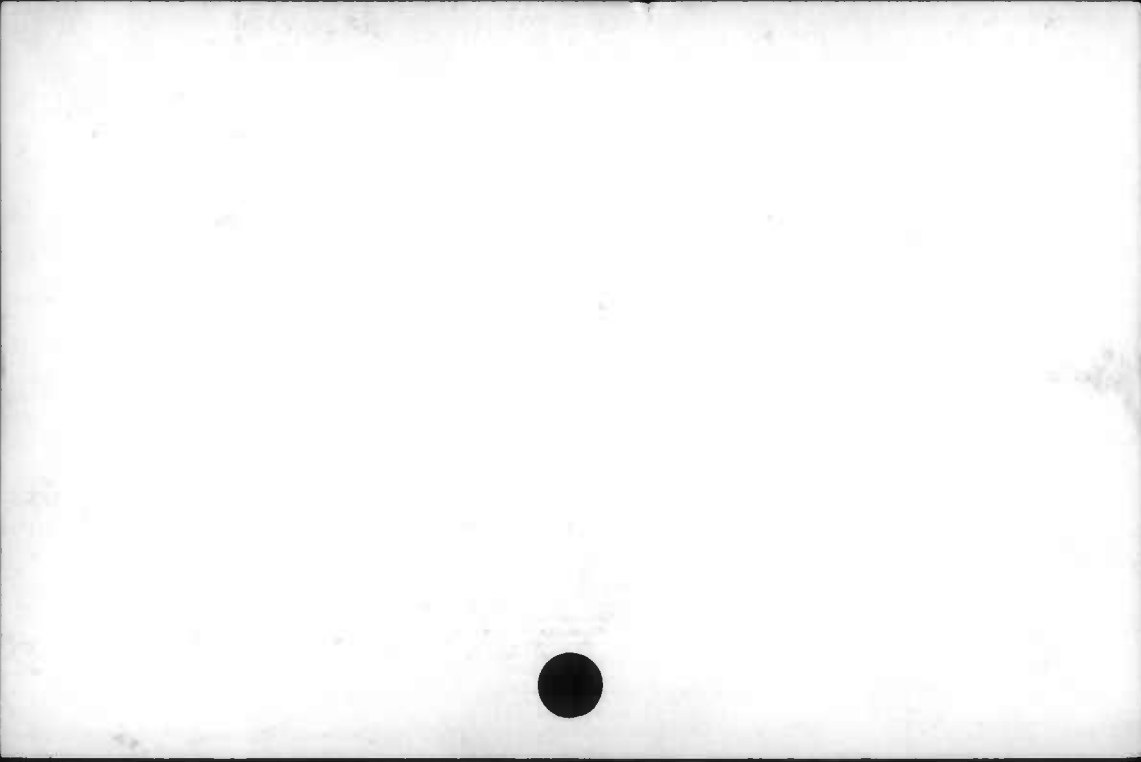
yes

Signature of Physician

Address

Samuel Speake
Grayton Md

Accident or Suicide



Name
in
Full

Not Named

Wood

CERTIFICATE OF DEATH

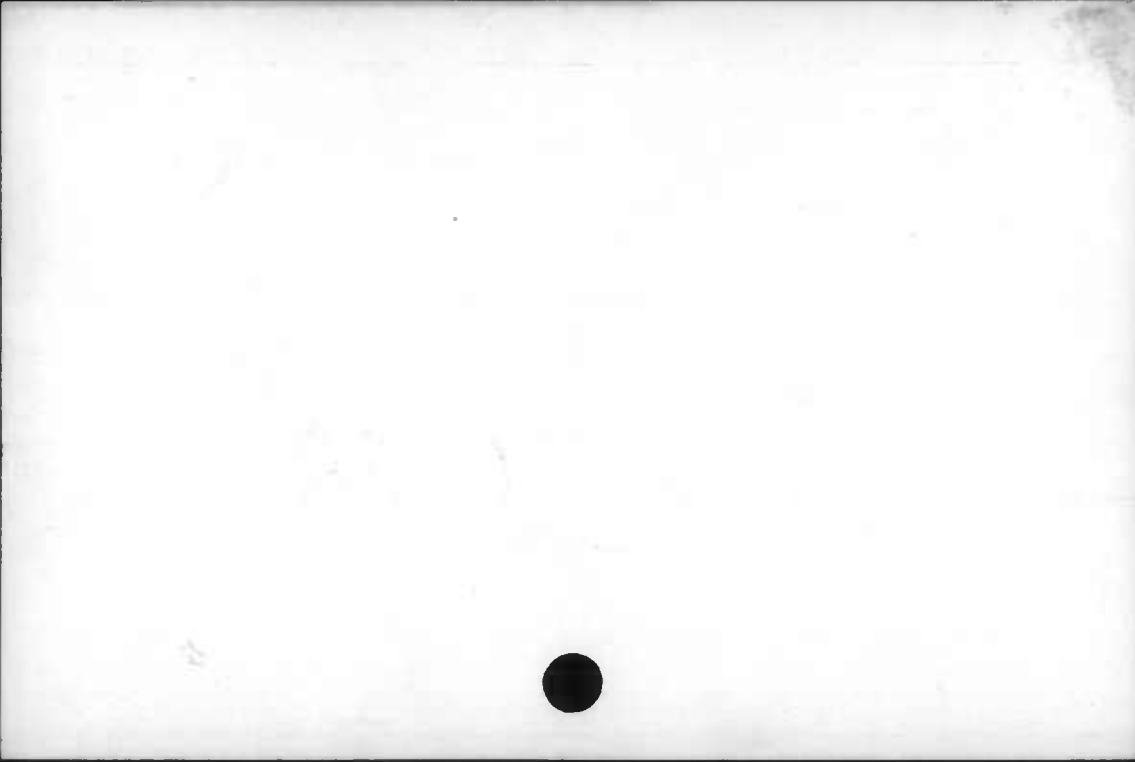
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bolton</i>		Town <i>Bolton</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>3</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Tom Wood</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Clara Brice</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Tom Wood</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None in attendance</i>
		Address <i>J. M. Hickerson</i>
Accident or Suicide		<i>Waldorf and</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Joseph Yates</i>		Town <i>Wicomico</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death <i>1900</i>		Month <i>Mar.</i>		Day <i>21</i>	
		Age <i>56</i>		Years <i>56</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Wicomico</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Aune Yates</i>					
Father's Name <i>Harry Yates</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Thos. Yates</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asaemia</i>	How long <i>2 weeks</i>
Immediate <i>Respiratory Failure</i>	How long <i>19 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Jameson</i>
	Address <i>Newport Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Wm Joseph Young
Town

County

Chaves

MARYLAND

Died at Bryanston
Month

Day

Years

Months

Days

Date of death 1900 March

3

Age

8

Sex

male

Color or
Race

Caucasian

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ambrose F. Young

Father's
Birthplace

Ind

Mother's
Maiden Name

Alice Sims

Mother's
Birthplace

Ind

Name of person giving
Information

Ambrose F. Young

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 months

Immediate

Enteritis & Exhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

J.B.

Signature of
Physician

Address

L. C. Carver M.D.,
Bryanston, Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

